

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

MAR 31 2014

PRINTED: 03/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2014
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NAME OF PROVIDER OR SUPPLIER

LAKESHORE HEARTLAND

STREET ADDRESS, CITY, STATE, ZIP CODE

**3025 FERNBROOK LANE
NASHVILLE, TN 37214**

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F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of the manufacturer's sanitizer recommendations, and staff interview, the facility dietary department failed to maintain a sanitary dietary department, equipment and failed to maintain the manufacturer's recommended level of sanitizer solution in the three compartment sink.</p> <p>The findings included:</p> <p>Observation on March 10, 2014, at 6:30 p.m., in the dietary department revealed the two storage units in the walk-in refrigerator had an accumulation of blackened sticky debris and rust on the rungs. Further observation revealed a build-up of ice on the floor on either side of the walk-in freezer door. Further observation revealed the three compartment sink was in operation with various pots and pans in the sanitizer sink, and the drainage board had several inverted pans drying. Further observation revealed the dietary staff member at the three compartment sink obtained the sanitizer level. Further observation revealed the Quaternary test</p>	F 371	<p>#1</p> <ol style="list-style-type: none"> The storage units in the walk-in refrigerator were cleaned by dietary staff on 3/11/14. All kitchen equipment will be kept clean and will be placed on a routine cleaning schedule. Dietary staff will be in-serviced quarterly by the RD and/or CDM regarding infection control and proper cleaning of kitchen equipment. This corrective action will be monitored by the CDM for 30 days. The RD will conduct an audit monthly until no issues are identified for 3 consecutive months. The Infection Control Nurse will conduct random spot checks for 30 days to ensure proper procedures are being followed. <p>#2</p> <ol style="list-style-type: none"> The ice build-up on the floor on either side of the walk-in freezer door was removed on 03/11/14. Checking the freezer for ice accumulation will be added to the routine cleaning for dietary staff. The sweep on the walk-in freezer was replaced by the Environmental Services Director on 03/14/14. This corrective action will be monitored by the CDM weekly for 30 days. The Environmental Services Director will monitor monthly until three consecutive months of compliance are exhibited. 	<p>4/18/14</p> <p>4/18/14</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Judy French

TITLE

Administrator

(X6) DATE

03/27/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	<p>Continued From page 1</p> <p>strip did not change color indicating there was no sanitizer in the water. Further observation revealed there was no sanitizer in the tubing from the sanitizer bottle to the sanitizer sink faucet.</p> <p>Review of the manufacturer's recommendation for the three compartment sink sanitizer level for a Quaternary product revealed 200-400 parts per million.</p> <p>Interview on March 10, 2014, at 6:30 p.m., with the dietary staff member working the three compartment sink, in the dietary department, confirmed the three compartment sink sanitizer test strip did not change color and the sanitizer tubing from the bottle to the sanitizer sink faucet contained no sanitizer.</p> <p>Interview on March 10, 2014, at 6:45 p.m., with the Certified Dietary Manager, in the dietary department, confirmed the walk-in refrigerator storage units had an accumulation of rust and blackened sticky debris. Further interview confirmed the floor on either side of the walk-in freezer door had a build-up of ice.</p> <p>Observation and interview on March 11, 2014, at 7:45 a.m., with the Certified Dietary Manager, in the dietary department, confirmed the numerous inverted pans stored on the storage rack were available for use. Further observation revealed the exterior rims had a very heavy accumulation of blackened debris. Further observation and interview confirmed the rear side of the base and the lid of the tilt skillet had a greasy build-up, and the range-top spill pan had a heavy accumulation of blackened debris.</p> <p>Interview on March 11, 2014, at 11:50 a.m., with</p>	F 371	<p>#3</p> <ol style="list-style-type: none"> 1. The pots and pans were properly cleaned and sanitized by the PM Cook on 03/10/14. 2. The dietary staff was in-serviced on the protocol usage and checking sanitizer level in the 3 compartment sink on 03/11/14. 3. Dietary staff will be in-serviced quarterly by the RD and/or CDM regarding infection control and proper cleaning of kitchen equipment. 4. This corrective action will be monitored weekly by the CDM for 30 days. The Infection Control Nurse will conduct random spot checks for 30 days to ensure proper procedures are being followed until three months of compliance are exhibited. <p>#4</p> <ol style="list-style-type: none"> 1. The inverted pans were removed from circulation on 03/11/14 to prevent further usage. 2. All kitchen equipment will be kept clean and will be placed on a routine cleaning schedule. 3. Dietary staff will be in-serviced quarterly by RD and/or CDM regarding proper cleaning of kitchen equipment. 4. This corrective action will be monitored by the CDM for 30 days. The RD will conduct an audit monthly until no issues are identified for 3 consecutive months. The Infection Control Nurse will conduct random spot checks for 30 days to ensure proper procedures are being followed. 	<p>4/18/14</p> <p>4/18/14</p>	

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F 371	<p>Continued From page 1</p> <p>strip did not change color indicating there was no sanitizer in the water. Further observation revealed there was no sanitizer in the tubing from the sanitizer bottle to the sanitizer sink faucet.</p> <p>Review of the manufacturer's recommendation for the three compartment sink sanitizer level for a Quaternary product revealed 200-400 parts per million.</p> <p>Interview on March 10, 2014, at 6:30 p.m., with the dietary staff member working the three compartment sink, in the dietary department, confirmed the three compartment sink sanitizer test strip did not change color and the sanitizer tubing from the bottle to the sanitizer sink faucet contained no sanitizer.</p> <p>Interview on March 10, 2014, at 6:45 p.m., with the Certified Dietary Manager, in the dietary department, confirmed the walk-in refrigerator storage units had an accumulation of rust and blackened sticky debris. Further interview confirmed the floor on either side of the walk-in freezer door had a build-up of ice.</p> <p>Observation and interview on March 11, 2014, at 7:45 a.m., with the Certified Dietary Manager, in the dietary department, confirmed the numerous inverted pans stored on the storage rack were available for use. Further observation revealed the exterior rims had a very heavy accumulation of blackened debris. Further observation and interview confirmed the rear side of the base and the lid of the tilt skillet had a greasy build-up, and the range-top spill pan had a heavy accumulation of blackened debris.</p> <p>Interview on March 11, 2014, at 11:50 a.m., with</p>	F 371	<p>#5</p> <ol style="list-style-type: none"> 1. The tilt skillet was cleaned by dietary staff on 03/11/14. 2. All kitchen equipment will be kept clean and placed on a routine cleaning schedule. 3. Dietary staff will be in-serviced quarterly by the RD and/or CDM regarding infection control and proper cleaning of kitchen equipment. 4. This corrective action will be monitored by the CDM for 30 days. The RD will conduct an audit monthly until no issues are identified for 3 consecutive months. The Infection Control Nurse will conduct random spot checks for 30 days to ensure proper procedures are being followed. <p>#6</p> <ol style="list-style-type: none"> 1. The range top spill pan was cleaned by dietary staff on 03/11/14. 2. All kitchen equipment will be kept clean and will be placed on a routine cleaning schedule. 3. Dietary staff will be in-serviced quarterly by RD and/or CDM regarding infection control and proper cleaning of kitchen equipment. 4. This corrective action will be monitored by the CDM for 30 days. The RD will conduct an audit monthly until no issues are identified for 3 consecutive months. The Infection Control Nurse will conduct random spot checks for 30 days to ensure proper procedures are being followed. 	<p>4/18/14</p> <p>4/18/14</p>	

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F 371	Continued From page 2 the facility Registered Dietitian, in the dietary department by the pot and pan storage rack, confirmed the exterior rims had a very heavy accumulation of blackened debris and "...using steel wool would get it off..."	F 371		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	F 441	1. On 03/11/14, the ice machine in question was cleaned. 2. On 03/11/14, all ice machines were inspected by the Director of Environmental Services with no problems found. On 03/11/14, housekeeping staff were in-serviced regarding daily cleaning schedule and daily cleaning sign-off sheets. 3. New water and ice chutes were installed on 03/17/14 on the ice machine in question. Ice machines will be inspected weekly by the housekeeping supervisor to ensure compliance. 4. The weekly inspections by the housekeeping supervisor will be audited by the Director of Environmental Services until no problems are found for three consecutive months.	4/18/14

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F 441	<p>Continued From page 3</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a clean and sanitary ice/water dispenser machine for one of two ice/water dispenser machines observed.</p> <p>The findings included:</p> <p>Observation on May 11, 2014, at 10:25 a.m., revealed a staff member entering and exiting the pantry room on the fourth floor with a water pitcher.</p> <p>Observation of the ice/water dispenser in the fourth floor pantry room on March 11, 2014, at 10:30 a.m., revealed blackened debris on the tip of the water dispenser spout.</p> <p>Interview with the Director of Environmental Services on March 11, 2014, at 11:20 a.m., in the fourth floor pantry room confirmed there was blackened debris on the water spout of the ice/water dispenser and the water spout was "dirty". Further interview confirmed the housekeeping staff was responsible for cleaning the machine, there was no routine cleaning schedule for the ice/water dispenser machine, and no documentation of staff cleaning the machine.</p>	F 441		